MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06402

CERTIFICATE OF DEATH

Reg. Dist. No. 26-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield
STREET ADDRESS (If rural give location): 7th Street

3. NAME OF DECEASED (Type or Print): (First) Romonia [illegible] (Middle) Lisa (Last) AMES

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 2, 1952

9. AGE last birthday: One yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Ames

14. MOTHER'S MAIDEN NAME: Annie Griffin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Annie Griffin Ames, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 491X
(a) Bronchopneumonia — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23, 1953, to 6/24, 1953, that I last saw the deceased alive on 6/24, 1953, and that death occurred at 10:45 AM, from the causes and on the date stated above.

SIGNATURE: Robert F Lewis (Degree or title): M.D. ADDRESS: Crisfield Md. DATE SIGNED: 6/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 27, 53
NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery
LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/27/53
REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors
ADDRESS: Crisfield

VS. A15

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06403

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) HENRY (Last) ATKINSON

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Feb. 20, 1889 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry
11. BIRTHPLACE (State or foreign country): Pocomoke, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Dec'd) Levin Atkinson
14. MOTHER'S MAIDEN NAME: (Dec'd) Hannah ? (Unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Hyperglycemia — Interval Between Onset And Death: 20 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus. — 1 year plus

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None; Untreated diabetes.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to June, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. B. Rawley M.D. — ADDRESS Crisfield, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF June 10, 1953 — NAME OF CEMETERY OR CREMATORY Hopewell Cemetery — LOCATION (City, town, or county) (State) Crisfield, Rural, Md.

DATE REC'D BY LOCAL REGISTRAR 6-10-53 — REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS Bradshaw Funeral Parlor, 531 W. Main St. - Crisfield, Md.

RECEIVED
JUN 15 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06404

Reg. Dist. No. 26-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc Cready Mem. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico 22-12
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 828 S. Division, Street.

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) B. (Last) Catlin
4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1953. 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Oct. 3. 1885
9. AGE last birthday: 69. yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi Operator
10b. KIND OF BUSINESS OR INDUSTRY: Own Cab.
11. BIRTHPLACE (State or foreign country): Worcester County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Spence Catlin
14. MOTHER'S MAIDEN NAME: Cattie Mc Grath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Niels Sorensen (Daughter) 828 S. Div. St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Suddenly)

(c)

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Crisfield, (COUNTY) Somerset (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Taken ill in auto on Road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) William H. Coulbourn M.D. | ADDRESS Crisfield Md | DATE SIGNED 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 1. 1953. | NAME OF CEMETERY OR CREMATORY Union Church Cem. | LOCATION (City, town, or county) R.D. Salisbury, Md. (State)

DATE REC'D BY LOCAL REG. 6/29/53 | REGISTRAR'S SIGNATURE Betty W. Tyler | 24. FUNERAL DIRECTOR ADDRESS Holloway & Company Salisbury, Maryland.

Wm. Thurston Holloway

RECEIVED
JUL 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06405

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Chesapeake Ave.

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) (Last) Connor
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug. 25, 1924
9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR Months 9 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Plumber's helper
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Aaron J. Connor
14. MOTHER'S MAIDEN NAME: Sarah Hudson C

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW 11
16. SOCIAL SECURITY No.: 216-16-7191
17. INFORMANT & ADDRESS: Sarah Hudson Connor Crisfieldm, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

982X

Immediate cause (a) Stab wounds over Heart area

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hemorrhage & Shock —

DUE TO (c)

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Yes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) PLACE OF INJURY (~~Home, farm, factory~~, street, office bldg., etc.) Stabbed (CITY OR TOWN) Crisfield (COUNTY) Som (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 6. 13. 53 p.m. INJURY OCCURED While at Work ☐ Not While At Work ☒ HOW DID INJURY OCCUR? Stabbed by a man

22. I hereby certify that I attended the deceased from Dead when I saw him 19 to 19 I last saw the deceased alive on ....., 19....., and that death occurred at 6:20 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H. Coulbourn M D ADDRESS Crisfield Md DATE SIGNED 6/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 15, 1953 NAME OF CEMETERY OR CREMATORY Sunny Ridge Cem. LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6/15/53 REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward Q. Covington, ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 17 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06406

Marion Md

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) ~~Green~~ George (First) (Middle) Washington (Last) ~~George~~ Green

4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 6 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Marion, Md
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: William Green
14. MOTHER'S MAIDEN NAME: Mandy Whittington

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-26-5362
17. INFORMANT & ADDRESS: Nellie Green, Marion Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203X

Immediate cause (a) Coma, Acute Dil of Heart — Interval Between Onset And Death: 1 wk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Mutiple Myeloma (I looked after about — 1 mo.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1953, to June 24, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 3:00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Coulman MD
ADDRESS Marion, Md
DATE SIGNED 6-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 6-28-53
NAME OF CEMETERY OR CREMATORY Library Cemetery
LOCATION (City, town, or county) (State) Marion Som. Md

DATE REC'D BY LOCAL REGISTRAR 6-26-53
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR George W. Tilghman ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 064017

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Locust St.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) THOMAS (Last) KEARS

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan. 9, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Ice & Cold Storage

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Kears (dec'd)

14. MOTHER'S MAIDEN NAME: Susan Dunton (dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO:

17. INFORMANT & ADDRESS: Locust St. Mrs. Oval L. Kears-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

421.1

Immediate cause (a) Acute Myocardial Failure — 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Myocardial infarction — ?

DUE TO (c) Hypertension — ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8 ..., 1953, to 6/11 ..., 1953, that I last saw the deceased alive on 6/11 ..., 1953, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE Sarah M. Payton (Degree or title) M.D. ADDRESS Crisfield Md. DATE SIGNED 6/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 14, 1956 NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 6/13/53 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlor ADDRESS 531 Main St. - Crisfield, Md.

VS. AJE

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 106408

CERTIFICATE OF DEATH

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Princess Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND
LENGTH OF STAY (in this place) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne. Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) M. (Last) Roberts

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1953

5. SEX: female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH: 6-11-1912

9. AGE last birthday: 41 yrs.
IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Pocomoke city, md. county Worcester

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Purnell.

14. MOTHER'S MAIDEN NAME: Carrie Logan.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-16-7579

17. INFORMANT & ADDRESS: Herman Roberts. Princess Anne Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17/X

Immediate cause (a) Metastatic Carcinoma of the Spine & Pelvis — Interval Between Onset And Death: 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix — 3 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post operative Pneumonia — 6 weeks

19a. DATE OF OPERATION: March 1953

19b. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma of Spine & Pelvis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to June 16, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 4:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Annie M. Bradford, M.D. ADDRESS 506-5th Ave Pocomoke, Md DATE SIGNED 6/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-21-1953

NAME OF CEMETERY OR CREMATORY Mt. Hope.

LOCATION (City, town, or county) Princess Anne, Md (State) Md.

DATE RECD BY LOCAL REGISTRAR 6/18/53

REGISTRAR'S SIGNATURE K. S. Johnson, M.D.

24. FUNERAL DIRECTOR William H. Jones Jr. ADDRESS Princess Anne Md.

RECEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06409

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

LENGTH OF STAY (in this place): lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paper St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — Somerset COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

STREET ADDRESS (If rural give location): Paper St.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) (Last) WHITE

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 9, 1909

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: laborer

10b. KIND OF BUSINESS OR INDUSTRY: seafood

11. BIRTHPLACE (State or foreign country): near Pocomoke, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William White

14. MOTHER'S MAIDEN NAME: Delsie Schoolfield

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: 212-18-8690

17. INFORMANT & ADDRESS: Mrs. Delsie White-Paper St.-Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

170X

Immediate cause (a) Cardiac Failure — 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Left breast — 15 mo.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 1952

19b. MAJOR FINDINGS OF OPERATION Carcinoma with Metastasis, Left breast.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1952 to June 9, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE: A. N. Barr (Degree or title): M. D. ADDRESS: Crisfield, Maryland DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 11, 1953 — NAME OF CEMETERY OR CREMATORY: St. James Cemetery — LOCATION (City, town, or county) (State): near Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/11/53

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, 531 Main St. - Crisfield, Md.

RECEIVED
JUN 15 1953
BUREAU V. S.